

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/765151</i>		FILING DATE <i>C1-17-01</i>			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		
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TOTAL IND.	2		↓			↓			↓		
TOTAL DEP.	25		←			←			←		
TOTAL CLAIMS	97										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											